

M-SPIRIT Training

2.19.06

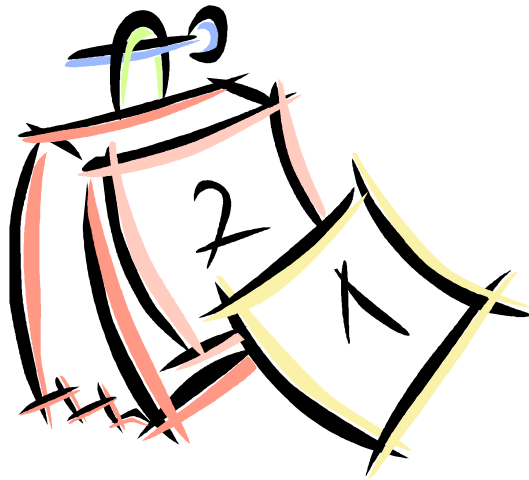


Bug Fixes

Please review the Excel spreadsheet



MONTH TO MONTH ISSUANCE



Why move to month to month?

- EBT – No more reminders on benefits of FDTU and LDTU so it's easier to remember
- Scheduling – All they need to do is schedule an appointment before the month is completed.
- No more 'lining up' families – System will make fewer issuance mistakes
- Know issuance and participation earlier in the month and better numbers

Benefits | Food Prescription

Household Member Information

Household Participant	Frequency	Last Set Issued	Last Set PFDT	Last Set LDTU	Prior Certification	Certification Due	Categorical Ineligibility
HAROLD PEGG	Tri-monthly				11/11/2013	05/31/2014	06/30/2016

HAROLD- PEGG

- ☒ 11/11/2013-11/30/2013 Three Fourth
- ☒ 12/01/2013-12/31/2013 Full
- ☒ 01/01/2014-01/31/2014 Full
- ☒ 02/01/2014-03/02/2014 Full

Cycle Adjustment Type

☒ System Determined ☐ Selected LDTU of (none)

[Preview Benefits](#)[Edit First Set](#)

☐ Mailing Benefits ☐ Generate Address Label

[Issue Benefits to Selected Members](#)[Cancel](#)

Month to Month Issuance

- **All participants will receive a partial package**
 - Able to receive partial and up to three months worth
 - All printed benefits may be issued
 - Last about three months
- **All new participants will also get a prorated package**
 - Participants have the right to leave with valid benefits

Month to Month and Pending Proof

- Do NOT use “Pending Proof” without first getting permission from State Office Staff
- After you get permission, the Helpdesk will guide you through using the function



Quarter Food Packages



- M-SPIRIT now allows quarter food packages for everyone except infants
- Crucial for month to month since there will be more prorated packages
- See Monday's Newsletter for a description of these new packages

Enhancements

2.19.06



Reports

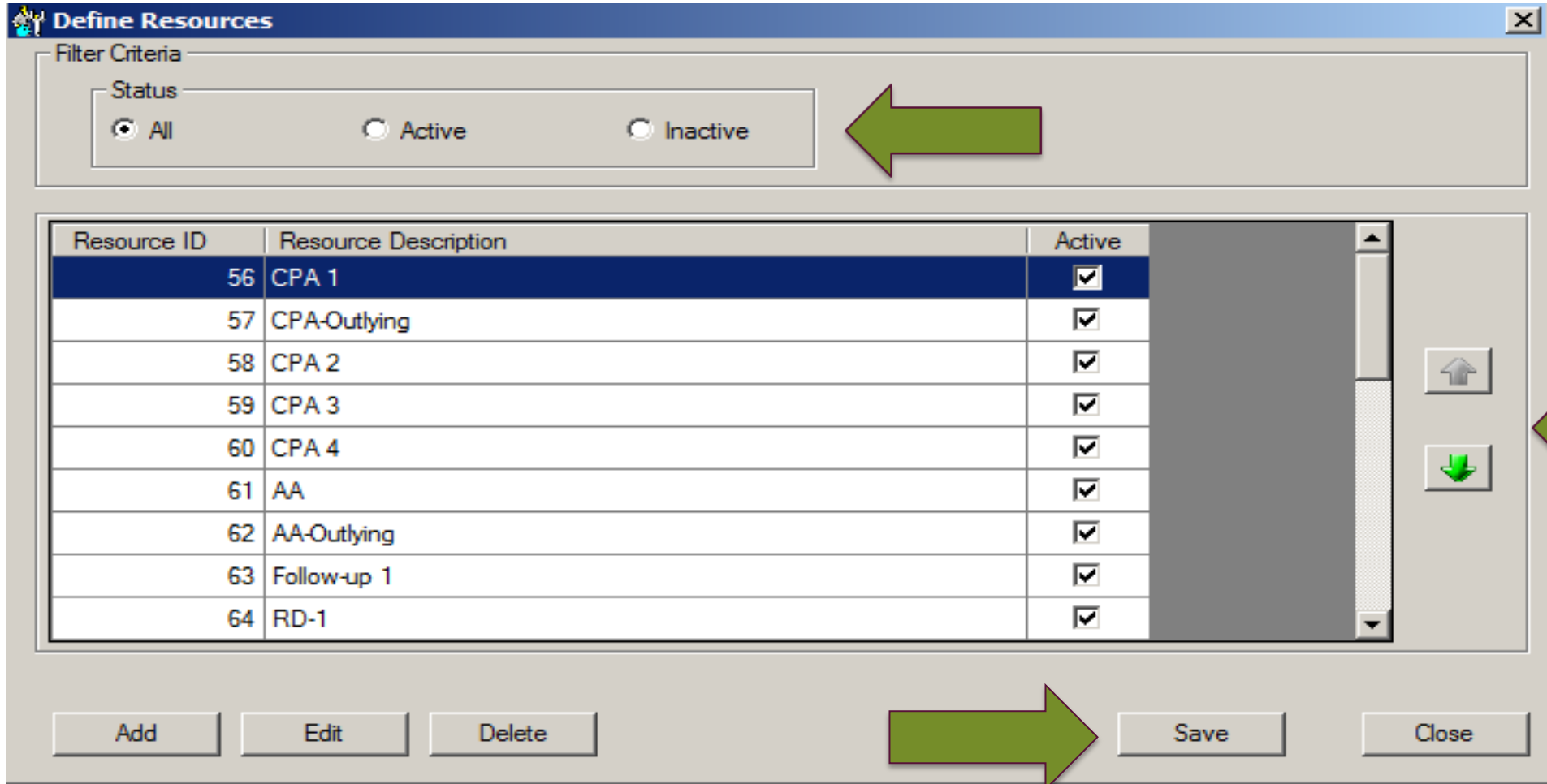
- Benefit Pickup Report/Letters
- Benefit Pickup Report
- Certification Due Report/Letters
- Participation vs. Enrollment Monthly Report
- Breastfeeding Initiation Report
- No Longer Breastfeeding Report
- Peer Counselor Activity Report
- Peer Counselor Contact Topic Summary Report
- Peer Counselor Contact Frequency Report
- Prenatals Pending Peer Counselor Contact Report
- Peer Counselor Contact Pending Report
- Initial Contacts Report



Participation Report

- Fully breastfed infants (who are not receiving benefits of their own) are now counted only if their mother is participating
- PBF women with infants over six months are counted only if the infant receives benefits
- When all benefits for a benefit period have been voided and not replaced, that participant is not counted

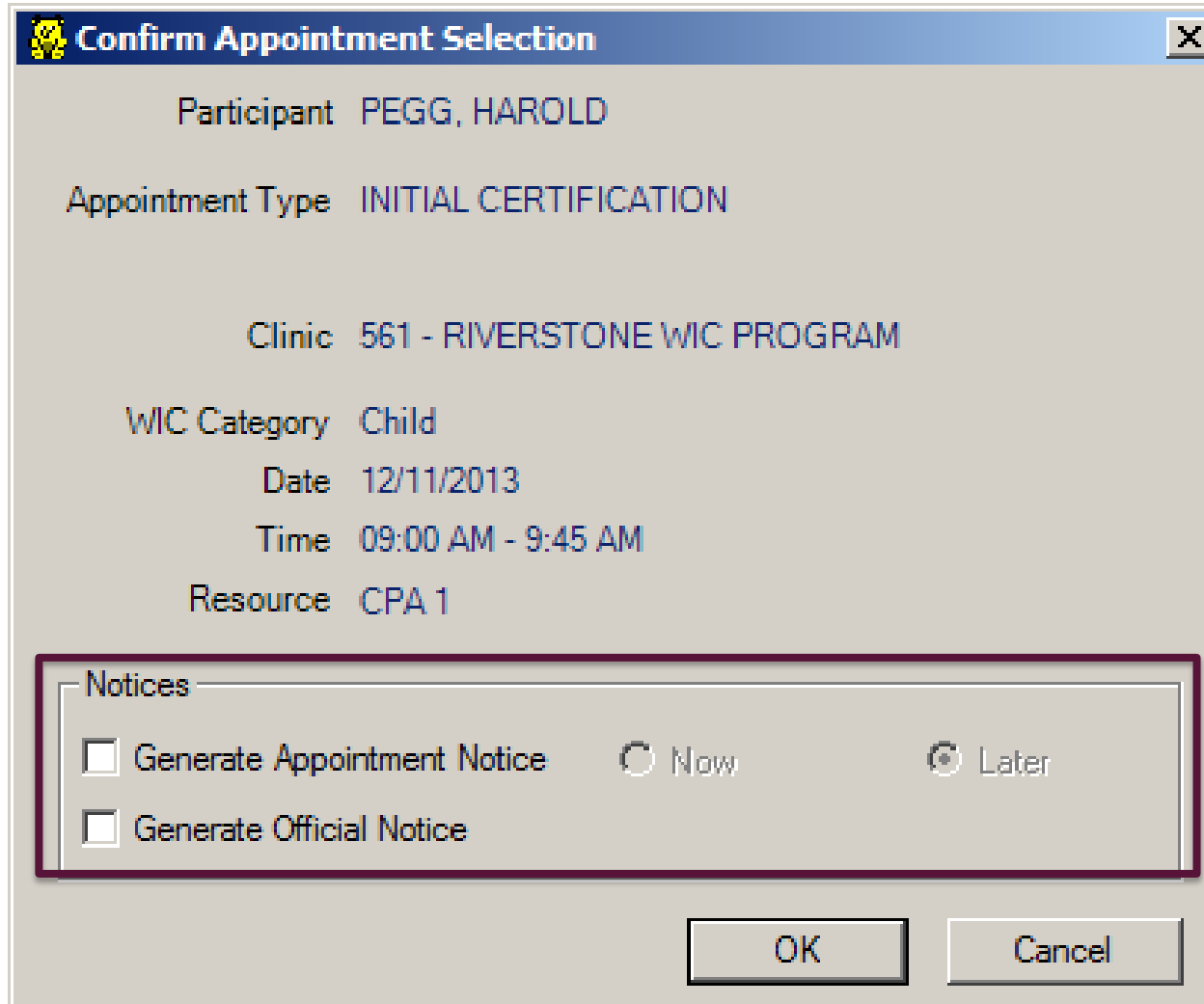
Define Resources - CAS



The "Define Resources" window features a "Filter Criteria" section at the top with three radio buttons: "All" (selected), "Active", and "Inactive". A green arrow points to this section. Below the filter is a table with three columns: "Resource ID", "Resource Description", and "Active". The table contains 9 rows of data. To the right of the table is a vertical scrollbar and two buttons: an upward arrow and a downward arrow. A green arrow points to these buttons. At the bottom of the window are four buttons: "Add", "Edit", "Delete", and "Save". A green arrow points to the "Save" button. A "Close" button is located to the right of the "Save" button.

Resource ID	Resource Description	Active
56	CPA 1	<input checked="" type="checkbox"/>
57	CPA-Outlying	<input checked="" type="checkbox"/>
58	CPA 2	<input checked="" type="checkbox"/>
59	CPA 3	<input checked="" type="checkbox"/>
60	CPA 4	<input checked="" type="checkbox"/>
61	AA	<input checked="" type="checkbox"/>
62	AA-Outlying	<input checked="" type="checkbox"/>
63	Follow-up 1	<input checked="" type="checkbox"/>
64	RD-1	<input checked="" type="checkbox"/>

Confirm Appointment Selection



A screenshot of a software dialog box titled "Confirm Appointment Selection". The dialog box has a blue title bar with a yellow icon on the left and a close button (X) on the right. The main area is light gray and contains the following information:

- Participant: PEGG, HAROLD
- Appointment Type: INITIAL CERTIFICATION
- Clinic: 561 - RIVERSTONE WIC PROGRAM
- WIC Category: Child
- Date: 12/11/2013
- Time: 09:00 AM - 9:45 AM
- Resource: CPA 1

Below this information is a section titled "Notices" which is highlighted with a red rectangular border. It contains two checkboxes and two radio buttons:

- ☐ Generate Appointment Notice
- ☐ Generate Official Notice
- ☐ Now
- ☒ Later

At the bottom of the dialog box are two buttons: "OK" and "Cancel".

Duplicate Participants

Health Information	Nutrition Education	Referrals	Income History	Benefits History	Appointments
Demographics	Immunization	HT/WT/Blood	Food Prescription	Risk Factors	Nutrition Assessment

Local Use Questions

Currently Unused

Currently Unused

Currently Unused

Currently Unused

Currently Unused

Currently Unused

State Use Questions

Currently Unused

Currently Unused

Currently Unused

Currently Unused

Currently Unused

Currently Unused

How Heard about WIC

Friend/ Family Member

Hardship

Work Hours Conflict
Rural Residence
*** DO NOT USE ***
*** DO NOT USE ***
*** DO NOT USE ***

Disability

Insurance Type

Type of Medical Home

Medical Home

Medical Clinic

Medical Provider Name

Duplicate Participants

State WIC ID	Name	User

View

Demographics

AdditionalInfo1

AdditionalInfo2

11/13/2013 11:39 AM

BF Beyond One Year

PF - C - 1 Year 7 Months 1 Day - WIC ID: 00594854 - HH ID: 00578108

File Participant Activities Certification Benefit Management Document Imaging Help

Certification History

Demographics	Immunization	HT/WT/Blood	Food Prescription	Risk Factors	Nutrition Assessment
Health Information	Nutrition Education	Referrals	Income History	Benefits History	Appointments

Birth Information

Unknown Birth Criteria ☐

Birth Height 20 In 0 8ths Birth Weight 7 Lbs 3 Ozs

Birth Facility HOSPITAL

Gestation Weeks 39

Mother's Information

Birth Date 09/25/1987 ☒ On WIC

State WIC Information **Two-Way Link**

ID 00594519 Name JESSICA HILLIARD

Feeding Information

Ever Breastfed

☒ Yes ☐ No ☐ Unknown

☐ Requires Food Package III

☐ Breastfeeding Now

☒ Breastfeeding beyond One Year

Date Food Package III Verified

Date Breastfeeding Verified 06/04/2012

Date Breastfeeding Began 04/05/2012

Date Breastfeeding Ended

Date Supplemental Feeding Began 05/28/2012

Date Solids Were Introduced

Breastfeeding Amount Not Applicable

Reason(s) Stopped

Advised to Stop by Physician or Other Health Professional
Alcohol/illicit drugs interfering with breastfeeding
Baby Fussy, Not Satisfied
Breast Problems (plugged ducts, mastitis)
Breastfeeding Continues Beyond One year

Health Information

Household Smoking No TV/Video Viewing

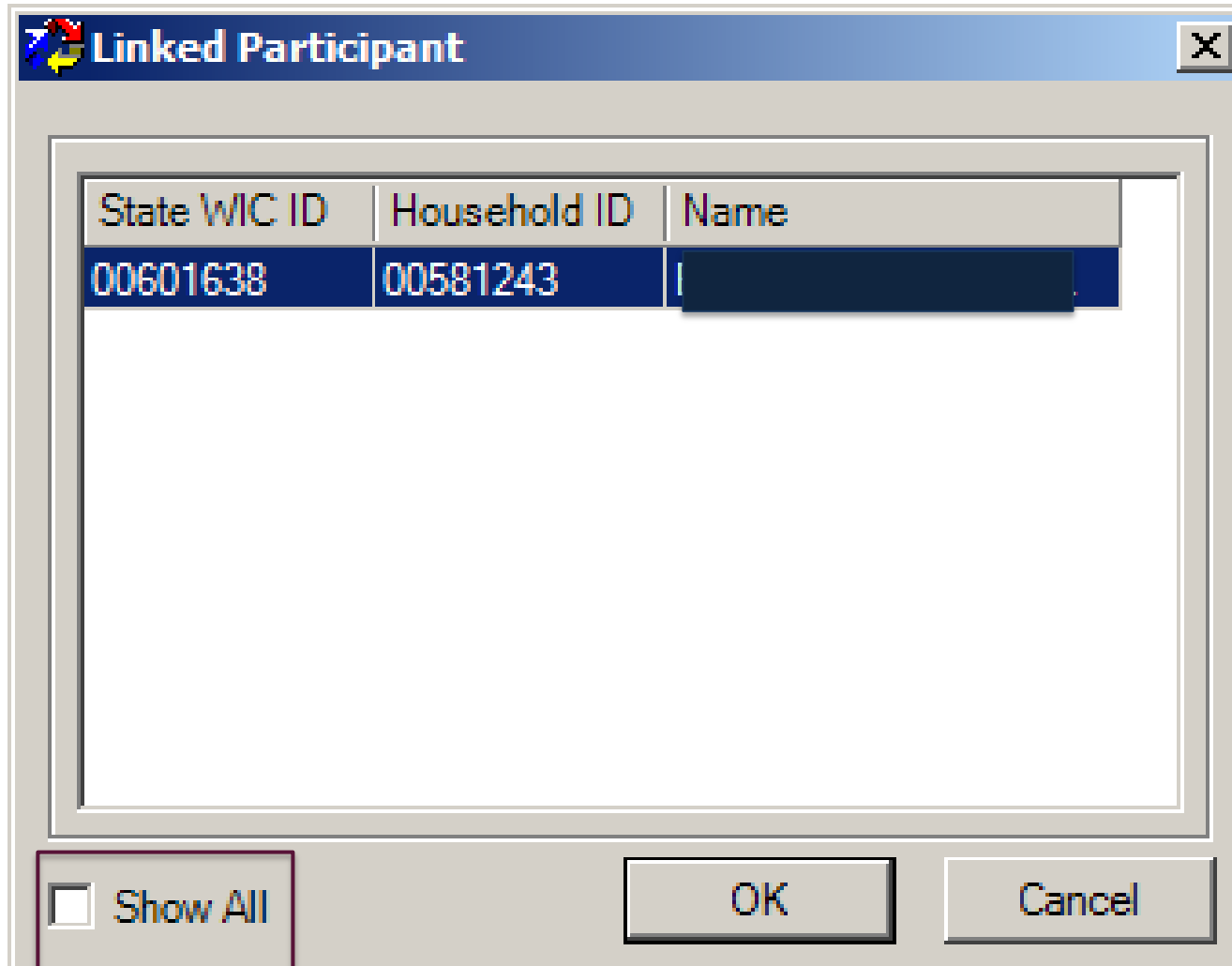
Medical Conditions

☐ Diabetes Mellitus ☐ Hypertension or Prehypertension

11/6/2013 3:41 PM



Linked Participants



State WIC ID	Household ID	Name
00601638	00581243	I

☐ Show All

OK Cancel

Household Smoking and TV Viewing

PF - LEAH UMBRAGE - 3 Years 5 Months 6 Days - WIC ID: 00610607 - HH ID: 00585208

File Participant Activities Certification Benefit Management Document Imaging Help

Certification History

Demographics	Immunization	HT/WT/Blood	Food Prescription	Risk Factors	Nutrition Assessment
Health Information	Nutrition Education	Referrals	Income History	Benefits History	Appointments

Birth Information

Unknown Birth Criteria ☐

Birth Height In 8ths Birth Weight Lbs Ozs

Birth Facility

Gestation Weeks

Mother's Information

Birth Date ☐ On WIC

State WIC Information

ID N/A Name N/A

Feeding Information

Ever Breastfed

☐ Yes ☐ No ☐ Unknown

☐ Requires Food Package III

☐ Breastfeeding Now

☐ Breastfeeding beyond One Year

Date Food Package III Verified

Date Breastfeeding Verified

Date Breastfeeding Began

Date Breastfeeding Ended

Date Supplemental Feeding Began

Date Solids Were Introduced

Breastfeeding Amount

Reason(s) Stopped

Advised to Stop by Physician or Other Health Professional

Alcohol/illicit drugs interfering with breastfeeding

Baby Fussy, Not Satisfied

Breast Problems (plugged ducts, mastitis)

Breastfeeding Continues Beyond One year

Health Information

Household Smoking TV/Video Viewing

Medical Conditions

☐ Diabetes Mellitus ☐ Hypertension or Prehypertension

11/8/2013 3:24 PM



Woman Health Information

Current Pregnancy Information

☐ Expecting Multiple Births ☐ Diabetes Mellitus Expected Delivery

☐ Planned C-section ☐ Gestational Diabetes LMP Start Date

☐ Hypertension or Prehypertension Pre-pregnancy Weight

☐ Has Not Received Prenatal Care Date Prenatal Care Began /

☐ Requires Food Package III Date Food Package III Verified Pre-pregnancy BMI

Age at Conception

Previous Pregnancy Information

Number of Pregnancies Number of Live Births Number of WIC Pregnancies

Number of Pregnancies 20 or more Weeks Last Pregnancy Ended /

Multivitamin Consumption

Month Prior to Pregnancy During Pregnancy

Cigarette Usage

Per Day - 3 Months Prior to Pregnancy

Per Day - Current

Smoking Change

Household Smoking

Alcohol Intake

Drinks/Week - 3 Months Prior to Pregnancy

Drinks/Week Current

Any Pregnancy History

☐ Low Birth Weight ☐ Premature Birth ☐ Fetal or Neonatal Loss or 2 or more Spontaneous Abortions

☒ Gestational Diabetes ☐ Preeclampsia

OK Cancel



Nutrition Education Screen Updates

EXIT

Certification History

Demographics Immunization HT/WT/Blood Food Prescription Risk Factors Nutrition Assessment

Health Information Nutrition Education Referrals Income History Benefits History Appointments

Nutrition Education Contacts/Peer Counselor Referrals/Materials Given for Household Member

- Education Contacts
 - Individual - Secondary Contact (at Benefit Pick-up) created on 11/13/2013 for 11/04/2013
 - B - F/U Bfing Infant Successfully
 - Individual - Primary Contact (at Cert., Re-cert.) created on 09/27/2013 for 09/27/2013
 - Peer Counselor Referrals
 - Materials Given

Add Materials Given

Add Individual Contact

Add Goal Setting Contact

Add Group Education Contact

Refer to Peer Counselor

Edit Contact, Material or Referral

Delete Contact, Material or Referral



The logo for Montana WIC. It features the word "Montana" in a green, sans-serif font, followed by a red circle containing the white text "WIC". To the right of the red circle are two green leaf-like shapes.

File Participant Activities Certification Benefit Management Document Imaging Help

EXIT

Certification History	Demographics	Immunization	HT/WT/Blood	Food Prescription	Risk Factors	Nutrition Assessment
Health Information	Nutrition Education	Referrals	Income History	Benefits History	Appointments	

Nutrition Education Contacts/Peer Counselor Referrals/Materials Given for Household Member

- Education Contacts
 - Individual - Secondary Contact (at Benefit Pick-up) created on 11/13/2013 for 11/04/2013
 - B - F/U B/Fing Infant Successfully
 - Individual - Primary Contact (at Cert., Re-cert.) created on 09/27/2013 for 09/27/2013
- Peer Counselor Referrals
- Materials Given

Add Materials Given

Add Individual Contact

Add Goal Setting Contact

Add Group Education Contact

Refer to Peer Counselor

Edit Contact, Material or Referral

Delete Contact, Material or Referral

11/13/2013 11:11 AM



Referral Screen Updates

EXIT

Certification History

Demographics Immunization HT/WT/Blood Food Prescription Risk Factors Nutrition Assessment

Health Information Nutrition Education Referrals Income History Benefits History Appointments

Program Referrals Provided to Participant by WIC

- [-] Created on 11/13/2013 for 11/13/2013
 - [...] Yellowstone County WIC-MONTANA TOBACCO QUITLINE-22
- [+] Created on 09/27/2013 for 09/27/2013

Other Program Enrollment Available

General Referrals
Yellowstone County WIC

Selected

Add Edit Delete Print

Copy Referrals



Copy Referrals

PF - ROBERT M. STANLEY - 8 Months 14 Days - WIC ID: 00605059 - HH ID: 00116364

File Participant Activities Certification Benefit Management Document Imaging Help

Certification History

Demographics	Immunization	HT/WT/Blood	Food Prescription	Risk Factors	Nutrition Assessment
Health Information	Nutrition Education	Referrals	Income History	Benefits History	Appointments

Program Referrals Provided to Participant by WIC

☐ Created on 03/06/2013 for 03/06/2013
Yellowstone County WIC-RIVERSTONE HEALTH/DIETICIAN -5

Other Program Enrollment Available

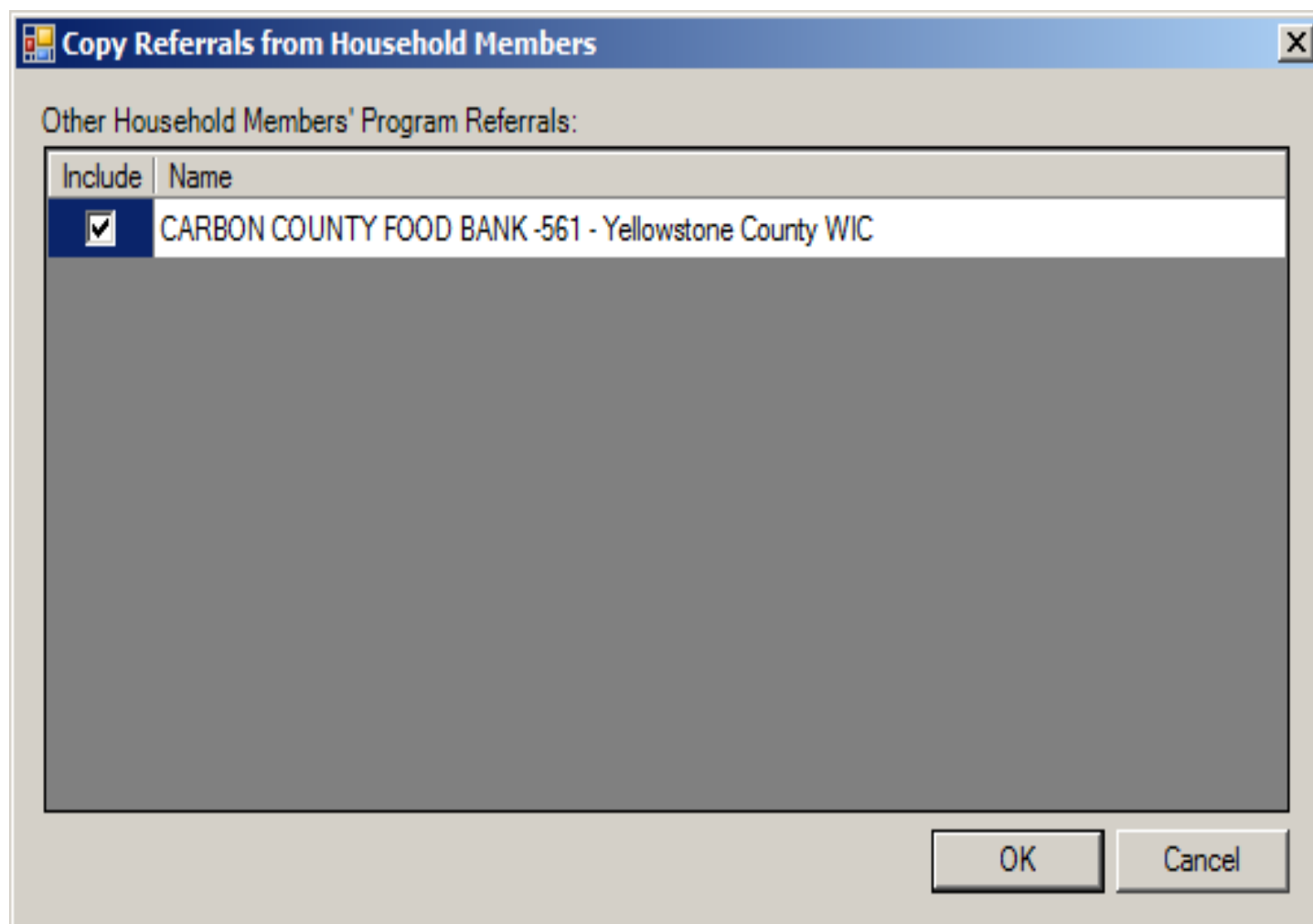
General Referrals
Yellowstone County WIC

Selected

Add Edit Delete Print

Copy Referrals

11/6/2013 3:55 PM

A screenshot of a software dialog box titled "Copy Referrals from Household Members". The dialog box has a standard Windows-style title bar with a close button (X) in the top right corner. Below the title bar, the text "Other Household Members' Program Referrals:" is displayed. Underneath this text is a table with two columns: "Include" and "Name". The table contains one row with a checked checkbox in the "Include" column and the text "CARBON COUNTY FOOD BANK -561 - Yellowstone County WIC" in the "Name" column. At the bottom right of the dialog box are two buttons: "OK" and "Cancel".

Include	Name
<input checked="" type="checkbox"/>	CARBON COUNTY FOOD BANK -561 - Yellowstone County WIC

OK Cancel

Do Not Plot – Height/Weight

Edit Height/Weight Measurement

Measurements

Measurement Date: 11/08/2013

☐ Do Not Plot

Age at Measurement

Height

Inches: 36 Eighths: 2

Measurement Position

☐ Recumbent ☒ Standing

Weight

Pounds: 32 Ounces: 1

Body Mass Index: 17.2

Possible Incorrect Measurement Reason:

Measurement Source: WIC Clinic

OK Cancel

High Risk Asterisk and Assign Risk Factors

Health Information	Nutrition Education	Referrals	Income History	Benefits History	Appointments
Demographics	Immunization	HT/WT/Blood	Food Prescription	Risk Factors	Nutrition Assessment
<div>Previous Certifications/Risk Factors</div> <div>11/11/2013 - 05/31/2014 [Child]</div> <div><div>S Transfer of Certification (VOC) (502)</div><div>C Genetic and Congenital Disorders (349*)</div></div>					
<div>Assign Risk Factors</div>					



Previous Certifications/Risk Factors

11/08/2013 - 03/31/2014 [Child]

S Transfer of Certification (VOC) (502)

Currently Identified Risk Factors

Available

Risk Factor	Description
103	Underweight or At Risk of Becoming Underweight (I or
113	Obese (Children 2-5 years of Age)
114	Overweight or At Risk of Becoming Overweight
121	Short Stature or At Risk of Short Stature (I and C)
134	Failure To Thrive
135	Inadequate Growth
201	Low Hematocrit/Low Hemoglobin

Search ↓ ↑

Selected

Risk Factor	Description
-------------	-------------

☐ CPA-assigned High Risk ☐ Resolve System-assigned High Risk Designations

Risk Factors Details Guide OK Cancel

Previous Certifications/Risk Factors

- 11/08/2013 - 03/31/2014 [Child]
 - S** Transfer of Certification (VOC) (502)

Currently Identified Risk Factors

Available

Risk Factor	Description
103	Underweight or At Risk of Becoming Underweight (I or
113	Obese (Children 2-5 years of Age)
114	Overweight or At Risk of Becoming Overweight
121	Short Stature or At Risk of Short Stature (I and C)
135	Inadequate Growth
201	Low Hematocrit/Low Hemoglobin
211	Elevated Blood Lead Levels

Search ↓ ↑

Selected

Risk Factor	Description
134	Failure To Thrive

☐ CPA-assigned High Risk ☐ Resolve System-assigned High Risk Designations

Risk Factors Details Guide OK Cancel

VOC and Risk Factors

PF - LEAH UMBRAGE - 3 Years 5 Months 6 Days - WIC ID: 00610607 - HH ID: 00585208

File Participant Activities Certification Benefit Management Document Imaging Help

Certification
Assign Certification Risk Factors
Assign Risk Factors for VOC Certification
VOC Certification
Mid-certification Assessment
Remove Incomplete Certification
Remove Mid-certification Assessment
Print Certification Notice

Certification History
Health Information
Demographics

Income History
Benefits History
Appointments
Food Prescription
Risk Factors
Nutrition Assessment

Last UMBRAGE
Address 123
City BILLINGS State MT ZIP 59104-0000
County YELLOWSTONE
E-mail
WIC Category Child
SSN - -
PMI #
Initial Contact
Address History
Copy Demographics
Race/Ethnicity

Mail
Same as Residence
Address 123
City BILLINGS State MT ZIP 59104-0000
☐ Homeless
Date Verified Fixed Nighttime Location
ID Proof
Residency Proof
Telephone 1 - - Comment
Telephone 2 - - Comment
Physically Present
☐ Yes ☐ No
Reason Not Present
Maiden Name
Last First MI
☐ Migrant
☐ Living with Foster Parent(s)
Clinic Assigned RIVERSTONE WIC PROGRAM

11/8/2013 2:34 PM

Assign Risk Factors for VOC Certification

Previous Certifications/Risk Factors

- 11/08/2013 - 03/31/2014 [Child]
 - S** Transfer of Certification (VOC) (502)

Currently Identified Risk Factors

Available

Risk Factor	Description
103	Underweight or At Risk of Becoming Underweight (I or
113	Obese (Children 2-5 years of Age)
114	Overweight or At Risk of Becoming Overweight
121	Short Stature or At Risk of Short Stature (I and C)
134	Failure To Thrive
135	Inadequate Growth
201	Low Hematocrit/Low Hemoglobin

Search ↓ ↑

Selected

Risk Factor	Description
-------------	-------------

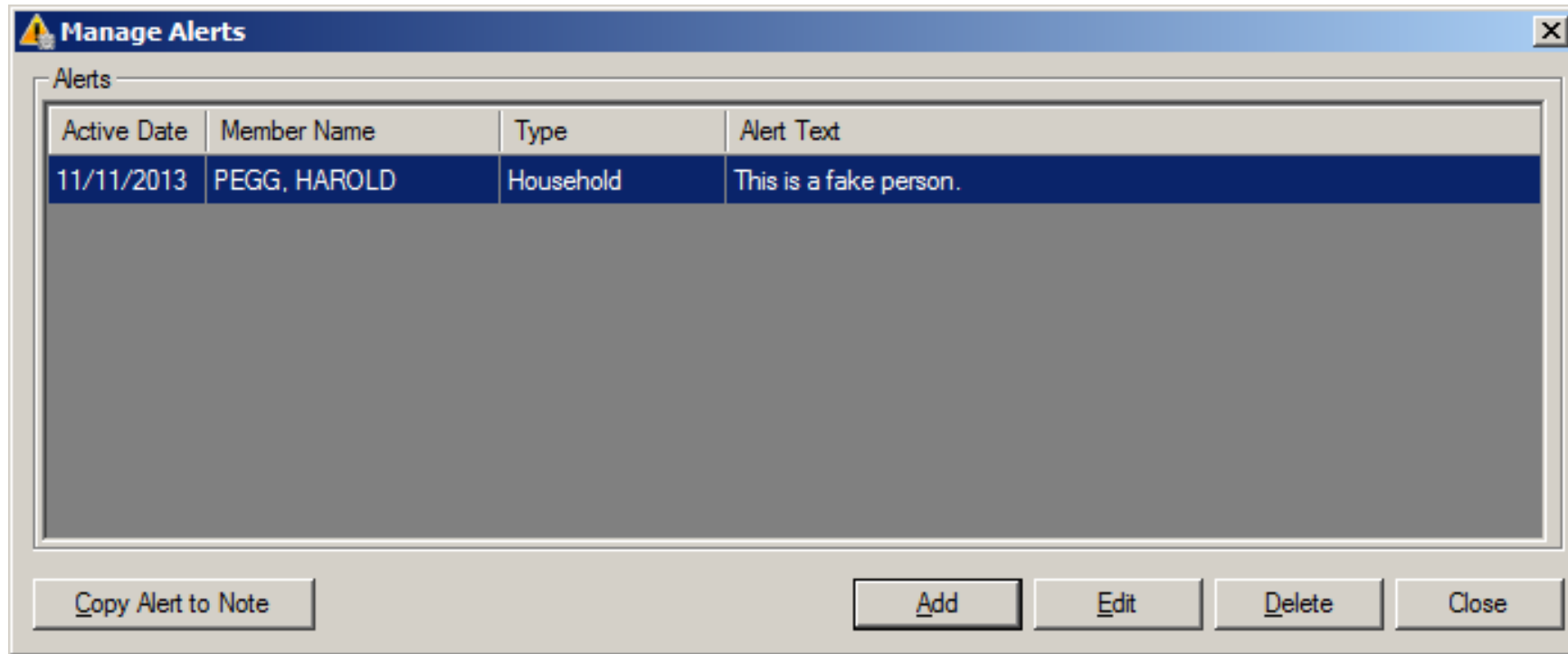
☐ CPA-assigned High Risk ☐ Resolve System-assigned High Risk Designations

[Risk Factors Details Guide](#) **OK** **Cancel**

Manage Notes

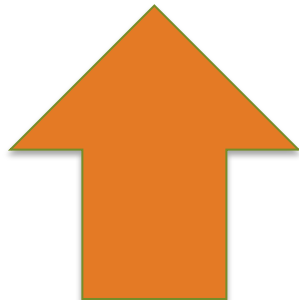
- **When printing notes, the username and date of when the note was created will print with the full note text**
- **System generated notes (Official Notification) will now include the username of the person who gave the notice, termination date and termination reason (if applicable)**

Copy Alert to Note



The screenshot shows a window titled "Manage Alerts" with a close button (X) in the top right corner. Inside the window, there is a section labeled "Alerts" containing a table. The table has four columns: "Active Date", "Member Name", "Type", and "Alert Text". The first row of the table contains the following data: "11/11/2013", "PEGG, HAROLD", "Household", and "This is a fake person.". Below the table, there is a large gray rectangular area. At the bottom of the window, there are four buttons: "Copy Alert to Note", "Add", "Edit", and "Close".

Active Date	Member Name	Type	Alert Text
11/11/2013	PEGG, HAROLD	Household	This is a fake person.



Copy Alert to Note

Subject:

Note Text:

This is a:

- BF Woman FU
- Child FU
- Demo Changes
- FP Tailoring
- Goal FU/Change
- Growth/HGB FU
- Infant FU
- Med Form App/FU

Participants

Include	State WIC ID	Last Name	First Name
<input checked="" type="checkbox"/>	00610608	PEGG	HAROLD

Application Area: Alerts

☐ Protected

OK Cancel



CGS and Food Packages

- When a child has a birthday within a certification, M-SPIRIT will automatically assign a default food package



Issue Benefits Screen

Benefits

Food Prescription

Household Member Information

Household Participant	Frequency	Last Set Issued	Last Set PFDT	Last Set LDTU	Prior Certification	Certification Due	Categorical Ineligibility
	Monthly	10/15/2013	10/20/2013	11/19/2013	07/16/2013	06/30/2014	06/30/2014
	Monthly			11/19/2013	07/16/2013	06/30/2014	06/30/2018

☒

☒

11/20/2013-12/19/2013 Full

☒

XANDER-

Participant is currently marked as breastfeeding now. Please go to the Child Health Information tab and verify the breastfeeding status. Benefit

Cycle Adjustment Type

☒ System Determined ☐ Selected LDTU of (none)

Preview Benefits

Edit First Set

☐ Mailing Benefits ☐ Generate Address Label

Issue Benefits to Selected Members

Cancel

Benefits History

Health Information	Nutrition Education	Referrals	Income History	Benefits History	Appointments
Benefits History					
<div><div><div><div><div></div><div>Benefits</div></div><div><div></div><div>08/18/2013 - 09/17/2013 Child</div><div>Agency 22 Clinic 561 Certification 06/18/2013 - 06/30/2014</div><div><div>02878638</div><div>2.00 GALLON(S) SKIM, 1% OR 2% MILK</div><div>1.00 16 OZ PACKAGE WIC CHEESE</div><div>1.00 DOZEN LARGE "A" or "AA" WHITE EGGS</div><div>1.00 16-14 OZ WIC WHOLE GRAIN CHOICE</div><div>1.00 64 OZ PLASTIC BOTTLE OR 12 OZ CAN FROZEN JUICE</div><div>1.00 18-16 OZ JAR WIC PEANUT BUTTER</div></div><div><div>02878639</div><div>02878640</div></div><div><div>07/18/2013 - 08/17/2013 Child</div><div>Agency 22 Clinic 561 Certification 06/18/2013 - 06/30/2014</div></div><div><div>06/18/2013 - 07/17/2013 Child</div><div>Agency 22 Clinic 561 Certification 06/18/2013 - 06/30/2014</div></div><div><div>05/18/2013 - 06/17/2013 Child</div><div>Agency 22 Clinic 561 Certification 05/18/2012 - 05/31/2013</div></div><div><div>04/18/2013 - 05/17/2013 Child</div><div>Agency 22 Clinic 561 Certification 05/18/2012 - 05/31/2013</div></div><div><div><03/18/2013> 04/04/2013 - 04/17/2013 Half Child</div><div>Agency 22 Clinic 561 Certification 05/18/2012 - 05/31/2013</div></div><div><div>02/18/2013 - 03/19/2013 Child</div><div>Agency 22 Clinic 561 Certification 05/18/2012 - 05/31/2013</div></div><div><div>01/18/2013 - 02/17/2013 Child</div></div></div></div></div></div>					
<div>Print Order</div>		<div>Print Receipt</div>		<div>Show Details</div>	



QUESTIONS?

